## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/58/156

|                          | •                                              | CLAIMS                                          | AS FILED                                  | - PART                                       | i                                      |                                                |   | SMALL EN            | ITITY                  |             | ОТНЕ                | R THAN                 |  |
|--------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------|----------------------------------------------|----------------------------------------|------------------------------------------------|---|---------------------|------------------------|-------------|---------------------|------------------------|--|
| L                        |                                                |                                                 | (Colu                                     | mn 1)                                        | (Column 2)                             |                                                |   | TYPE                |                        | ] OF        | R SMALI             | SMALL ENTITY           |  |
| U.S. NATIONAL STAGE FEES |                                                |                                                 |                                           |                                              |                                        |                                                |   | RATE                | FEE                    |             | RATE                | FEE                    |  |
| BASIC FEE                |                                                |                                                 | SMALL EN                                  | T. = \$ 150                                  | LARGE ENT. = \$ 300                    |                                                |   | BASIC FEE           |                        | OR          | BASIC FEE           | 300                    |  |
| EXAMINATION FEE          |                                                |                                                 | Satisfies PCT<br>(4) = \$ 5               | Article 33(1)-<br>0 / \$ 100                 | All other situations = \$100 / \$200   |                                                |   | EXAM. FEE           | 1                      | 1           | EXAM. FEE           | 200                    |  |
| SEARCH FEE               |                                                |                                                 | U.S. iš ISA =<br>ALL other co<br>\$ 200 / | ountries =                                   | ALL other situations = \$ 250 / \$ 500 |                                                |   | SEARCH FEE          |                        |             | SEARCH FEE          | 1                      |  |
| FEE FOR EXTRA SPEC. PGS. |                                                |                                                 | mir                                       | minus 100 =                                  |                                        | ./ 50 =                                        | 1 | X \$ 125 =          | . 1                    |             | X \$ 250 =          |                        |  |
| тот                      | AL CHARGEA                                     | BLE CLAIMS                                      | 20 minus 20 = .                           |                                              |                                        |                                                | 1 | X \$ 25 =           |                        | OR          | X \$ 50 =           | <del> </del>           |  |
| INDI                     | EPENDENT CI                                    | LAIMS                                           | 3                                         | ninus 3 =                                    | *                                      | <u>·                                      </u> | 1 | X \$ 100 =          |                        | OR          | X \$ 200 =          | 1                      |  |
| MUL                      | TIPLE DEPEN                                    | IDENT ÇLAIM PF                                  | RESENT                                    |                                              |                                        | П                                              | 1 | + \$ 180 =          | <del> </del>           | OR          | + \$ 360 =          | <del> </del>           |  |
| * If                     | the difference                                 | e in column 1 is                                | less than zer                             | o, enter "0                                  | " in co                                | lumn 2                                         | J | TOTAL               |                        | OR          | TOTAL               | 900                    |  |
| AMENDMENT A              |                                                | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                                           | (Colum<br>HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>USLY                       | (Column 3) PRESENT EXTRA                       |   | SMALL E             | ADDI-<br>TIONAL<br>FEE | OR          | SMALL<br>RATE       | ADDI-<br>TIONAL<br>FEE |  |
| ∢                        | •                                              | REMAINING                                       |                                           | NUMB                                         | ER                                     |                                                |   | RATE                |                        |             | RATE                |                        |  |
| MEN                      | Total                                          | * AMENDMENT                                     | Minus                                     | PAID F                                       | OR                                     |                                                | · | V 4 0 -             | FEE                    |             |                     | FEE                    |  |
| MEND                     | Independent                                    | *                                               | <del> </del>                              | ***                                          |                                        |                                                |   | X \$ 25 =           |                        | OR          | X \$ 50 = ·         | ļ                      |  |
| A.                       |                                                | <u> </u>                                        | Minus                                     | <u> </u>                                     |                                        | -                                              |   | X \$ 100 =          | ·                      | OR          | X \$ 200 =          | · ·                    |  |
| _                        | FIRST PRES                                     | ENTATION OF N                                   | MULTIPLE DEP                              | ENDENT C                                     | LAIM                                   |                                                |   | + \$ 180 = -        |                        | OR          | + \$ 360 =          |                        |  |
|                          | . •                                            | . ,                                             |                                           | . • .                                        |                                        | •                                              |   | TOTAL ADDIT.<br>FEE |                        | OR          | TOTAL ADDIT.<br>FEE |                        |  |
|                          |                                                | (Column 1)                                      | •                                         | (Column                                      | 2)                                     | (Column 3)                                     |   |                     | •                      |             |                     | •                      |  |
| AMENDMENT B              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                                           | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO        | R<br>SLY                               | PRESENT<br>EXTRA                               |   | RATE                | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL<br>FÉE |  |
|                          | Total                                          | *                                               | Minus                                     | **                                           |                                        | =                                              | ſ | X \$ 25 =           |                        | OR          | X \$ 50 =           |                        |  |
| AME                      | ndependent                                     | *                                               | Minus                                     | ***                                          | -                                      | =                                              |   | X \$ 100 =          |                        | OR -        | X \$ 200 =          |                        |  |
| ſ                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |                                           |                                              |                                        |                                                | F | + \$ 180 =          |                        | OR          | + \$ 360 =          |                        |  |
|                          |                                                |                                                 |                                           |                                              |                                        |                                                | L | OTAL ADDIT.         |                        | 1           | OTAL ADDIT.         |                        |  |
|                          |                                                |                                                 | •                                         |                                              |                                        |                                                |   | FEE L               |                        | -; <b>,</b> | FEE L               |                        |  |
| •                        |                                                |                                                 | • •                                       |                                              |                                        |                                                |   |                     |                        |             |                     | 1                      |  |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

FORM PTO-875 (Rev. 02/2005)